Jul. 7. 2008 2:54PM

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Aug 25, 2008 8:00 am
Secretary of State

07-28-2008 90074 042 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000016591

1. Entity Name
CARMEL AND BERKOWITZ DPM, LLC

30010997

07072008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
4300 ALTON ROAD SUITE #2020 MIAMI BEACH, FL 33140	4300 ALTON ROAD SUITE #2020 MIAMI BEACH, FL 33140

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4308 Alton Rd	4308 Alton Rd
Suite, Apt. #, etc.: 840	Suite, Apt. #, etc.: 840
City & State: Miami Beach FL	City & State: Miami Beach, FL
Zip: 33140 Country:	Zip: 33140 Country:

4. FEI Number: 74-1941024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAUM, IRA DPM 8940 N KENDALL DR SUITE 801-E MIAMI, FL 33176	Name: Thomas Zwick DPM Street Address (P.O. Box Number is Not Acceptable): 8200 NW 27 St Suite 108 City: Doral, FL Zip Code: 33122

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 7/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA FOOT & ANKLE ASSOCIATES, LLC 9350 SO DIXIE HWY PH II MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8200 NW 27 Street Suite 108 Doral, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 7/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #